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Bib Data Sheet

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/710,903   | <b>FILING DATE</b><br>11/14/2000<br><b>RULE</b> -   | <b>CLASS</b><br>600                | <b>GROUP ART UNIT</b><br>3736   | <b>ATTORNEY DOCKET NO.</b><br>P00,1737 |                                |
| <b>APPLICANTS</b><br>Alto Stemmer, Erlangen, GERMANY;<br>Rainer Kaim, Obermichelbach, GERMANY;<br>Thomas Kluge, Bamberg, GERMANY; PK   |   |                                    |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>PK  |   |                                    |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                    |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b> PK<br><b>GRANTED ** 02/01/2001</b> -  |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>[Signature]</i> PK<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>3               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>26574  |   |                                    |   |  |                                |
| <b>TITLE</b><br>Method for altering a protocol in a magnetic resonance apparatus   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>710  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |



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CONFIRMATION NO. 6144

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/710,903 | FILING DATE<br>11/14/2000<br><br>RULE | CLASS<br>345 | GROUP ART UNIT<br>2174 | ATTORNEY<br>DOCKET NO.<br>P00,1737 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

Alto Stemmer, Erlangen, GERMANY;  
 Rainer Kaim, Obermichelbach, GERMANY;  
 Thomas Kluge, Bamberg, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/01/2001

|   |   |                                |                        |                      |                            |
|---|---|--------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>3 | INDEPENDENT<br>CLAIMS<br>1 |
|---|---|--------------------------------|------------------------|----------------------|----------------------------|

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 26574  
 SCHIFF HARDIN, LLP  
 PATENT DEPARTMENT  
 6600 SEARS TOWER  
 CHICAGO , IL  
 60606-6473

TITLE  
 Method for altering a protocol in a magnetic resonance apparatus

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|-----------------------------------|---|--|